

**TASTE OF INDIANA**  
**· Saturday, July 28, 2001 ·**  
**VOLUNTEER APPLICATION FORM**

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (please specify if under 21)

**Shift Choices:**

Shift 1: 7:00 a – 11:00 a  
Shift 2: 10:30 a – 3:30 p  
Shift 3: 3:00 p – 8:00 p  
Shift 4: 7:30 p – 1:00 a

**Shift Preferences:**

1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_  
4<sup>th</sup> Choice: \_\_\_\_\_

***Required: Please check appropriate T-shirt size:***

\_\_\_ L      \_\_\_ XL      \_\_\_ XXL

**Person to Contact in Case of Emergency:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Volunteer Opportunities:**

Event Set-Up  
Event Tear Down  
Beer Concessions \*(you must be 21 or older)  
Ticket Sales/Check Identifications  
Soft Drink Concessions  
Ice Truck Assistance  
Stage Assistance  
Miscellaneous Tasks  
(Volunteers will be assigned to positions as needed)

Please completed this form by May 1, 2001 and send to:

***Taste of Indiana***  
c/o Cooper Communications, Inc.  
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317.575.8839 · 317.815.4010 · mlcooper@in.net